

## AUTHORIZATION FOR RELEASE OF PERSONAL ITEMS

**PLEASE NOTE:**

This form must be witnessed by a representative of the California Department of Social Services (CDSS), a California adoption agency licensed by CDSS, or notarized. If the signing of this form is witnessed by a CDSS or adoption agency representative, some form of photo identification of the person signing must be obtained and noted "in Part B."

**DESIGNATE ONE:**

I am the

- ☐ Birth Parent
- ☐ Adult Adoptee  
(age 18 or older)
- ☐ Adoptive Parent  
(on behalf of adoptee  
under the age of 18)

**PART A.** *To be completed by person signing authorization.*

By signing this form, I hereby request the CDSS or the adoption agency to release the following items deposited by me

to: \_\_\_\_\_  
(NAME AND RELATIONSHIP OF PERSON THE ITEMS ARE TO BE RELEASED TO)

**DESCRIBE ITEMS:**

I am fully aware that the CDSS or the adoption agency cannot release my name and/or address to the individual receiving the deposited item(s).

I understand that the above listed items have been deemed too valuable or bulky to be stored at the above-mentioned agency, and that I am responsible for the storage of the item(s), for keeping the above-mentioned agency informed of changes in the item(s) storage location, and for providing instructions as to how the item(s) may be retrieved.

(NAME AND ADDRESS OF STORAGE LOCATION)

SPECIAL INSTRUCTIONS FOR OBTAINING THE ITEM(S):

SIGNATURE			DATE	
STREET ADDRESS		CITY	STATE	ZIP CODE (       )

**PART B.** *To be completed by licensed adoption agency representative. If Part B or C is completed, do not complete Part D.*

SIGNATURE OF ADOPTION AGENCY REPRESENTATIVE		DATE	TELEPHONE NUMBER (       )
AGENCY/DEPARTMENT NAME		ADDRESS	
OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN		IDENTIFICATION (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.)	

**PART C.** ☐ Check if applicable. Notarized signature has been previously submitted to CDSS.

**PART D.** *To be completed by a Notary Public only if Part B is not completed.*

State of \_\_\_\_\_

County of \_\_\_\_\_ ss.

Before me, \_\_\_\_\_, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_

day of \_\_\_\_\_, 19\_\_\_\_\_.

Notary Public in and for the County of \_\_\_\_\_

State of

My commission expires \_\_\_\_\_

*(Affix Notarial Seal)*